

RCE  
ZPW

Attorney Docket No.: 04303/100N163-US1



I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. \_\_\_\_\_ in an envelope addressed to: \_\_\_\_\_

**MS RCE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

on February 8, 2006  
Date

**Signature**

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

**Note:** Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

**Fee Summary Sheet (1 page)**

Fee Transmittal (1 page)

Check No. 1167 in the amount of \$1,240.00

Petition for Extension of Time (2-Months) (1 page)

Request for Continued Examination Transmittal (1 page)

Return Receipt Postcard



## FEE SUMMARY SHEET

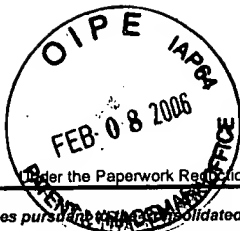
### Transmittal -- Request for Continued Examination (RCE) (PTO SB-30)

Date: February 8, 2006  
Time: 4:18 PM  
Docket: 04303/100N163-US1

Filing Date: August 9, 2001  
Application No: 09/928,273  
Total Fee: \$ 1,240.00

---

Code	Amount	37 CFR	Fee Description	Listed on
1801	790.00	1.17(e)	Request for continued examination (RCE) (see 37 CFR 1.114)	Fee Transmittal (PTO SB-17)
1252	450.00	1.17(a)(2)	Extension for response within second month	Fee Transmittal (PTO SB-17)



<b>FEE TRANSMITTAL</b> For FY 2006		<b>Complete if Known</b>	
		Application Number	09/928,273-Conf. #6570
		Filing Date	August 9, 2001
		First Named Inventor	John D. Ralston
		Examiner Name	Y. M. Gerezgiher
		Art Unit	2144
		Attorney Docket No.	04303/100N163-US1
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 1,240.00		

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: <b>04-0100</b> Deposit Account Name: <b>Darby &amp; Darby P.C.</b>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES		Small Entity
Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____	_____ x _____	_____
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____	_____ x _____	_____
HP = highest number of independent claims paid for, if greater than 3.		

<b>3. APPLICATION SIZE FEE</b>	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
<b>Total Sheets</b>	<b>Extra Sheets</b>
_____ - 100 = _____	_____ / 50 _____ (round up to a whole number) x _____ = _____
<b>4. OTHER FEE(S)</b>	
Non-English Specification, \$130 fee (no small entity discount)	
1252 Extension for response within second month	450.00
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...	790.00

<b>SUBMITTED BY</b>			
Signature	<i>Laura C. Brutman</i>	Registration No. (Attorney/Agent)	38,395
Name (Print/Type)	Laura C. Brutman	Telephone	(212) 527-7664
		Date	February 8, 2006

Express Mail Label No.	Dated: _____
------------------------	--------------